

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AT		12-21-99
O.I.P.E. CLASSIFIER		10	12-30-99
FORMALITY REVIEW	BD	002959	1/11/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date		
1	Original	9	5 10
	Final	1	30 12
	Original	2	03 04
10	✓	✓	—
11	✓	✓	—
12	✓	✓	—
13	✓	✓	—
14	✓	✓	—
15	✓	✓	—
16	✓	✓	—
17	✓	✓	—
18	✓	✓	—
19	✓	✓	—
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35	✓	✓	—
36	✓	✓	—
37	✓	✓	—
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39	✓	✓	—
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41	✓	✓	—
42	✓	✓	—
43	✓	✓	—
44	✓	✓	—
45	✓	✓	—
46	✓	✓	—
47	✓	✓	—
48	✓	✓	—
49	✓	✓	—
50	✓	✓	—

Claim	Date		
51	Original		
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If more than 150 claims or 10 actions  
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